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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISSEMINATIONS OF THIS FORM MUST BE CLASSIFIED SECRET

STANDARD CERTIFICATE OF DEATH

57 0 2 3 2 9 6  
STATE FILE NUMBER

FILED JUN 19 1957

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

99

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevado</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Late Nurshing Home 2 Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>1812 N. Washington St.</u>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Nancy Eralena Groves</u>		4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 15, 1878</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>200</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Cedar Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nicholas Thedford</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Clendening</u>	
14. NAME OF HUSBAND OR WIFE <u>J. E. Groves</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>J. W. Groves, El Dorado Springs, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		Unknown	
DUE TO (c)			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:50</u> a.m. <u>P.m.</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 22, 1957</u> to <u>Mar. 22, 1957</u> and last saw her alive on <u>Mar. 22, 1957</u> Death occurred at <u>Nevada, Mo.</u> <u>2:50 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Louise P. Moore</u> (Degree or title)		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>6-6-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cedar Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Goynn-Carothers, El Dorado Spgs. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-10-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Floyd E. Carothers*

Licensed Embalmer No. *4419*.....

P. O. Address *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.